

Name
in
Full

Willie Bloxson Anthony

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Summerton</u>		County <u>2 a</u>		MARYLAND	
Date of death 190 <u>5</u>	Month <u>3</u>	Day <u>18</u>	Age <u>2</u>	Years <u>2</u>	Months <u>26</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ridgely Md</u>	
Married, Single or Widowed <u>Single</u>			Occupation' <u></u>		
Name of Wife or Husband <u></u>					
Father's Name <u>A. E. Anthony</u>			Father's Birthplace <u>Howard, Co</u>		
Mother's Maiden Name <u>Mamie Bloxson</u>			Mother's Birthplace <u>Boonville, Co</u>		
Name of person giving information <u>Mrs M B Anthony</u>			How related to deceased <u>Grand Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malaria</u>	How long <u>One week</u>
Immediate <u>Pneumonia</u>	How long <u>Several Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Howard R. Hopkins</u>
	Address <u>Summerton, Md.</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Rebecca A. Barwick

Died at ^{Town} Sudlersville ^{County} 2. A. MARYLAND

Date ¹⁹⁰³ ^{Month} March ^{Day} 25 ^{Y.} 75 ^{M.} -- ^{D.} -- ^{Native of} Delaware ^{Occupation} Housewife

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Single~~ ^{Female} ~~Widower Number of children living 2~~

~~Wife~~ of William A. Barwick

Father's Name Noah Seward Mother's Name Betsey Seward.

Cause of Death { Primary Spasmodic Asthma 1 1/2 hours, Immediste Paralysis 97

How long sick 1 1/2 hours, Accident, Suicide, Homicide

Reported by G. W. Linnmont M. D.

Address Sudlersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name
in
Full

Ann Baynard

CERTIFICATE OF DEATH

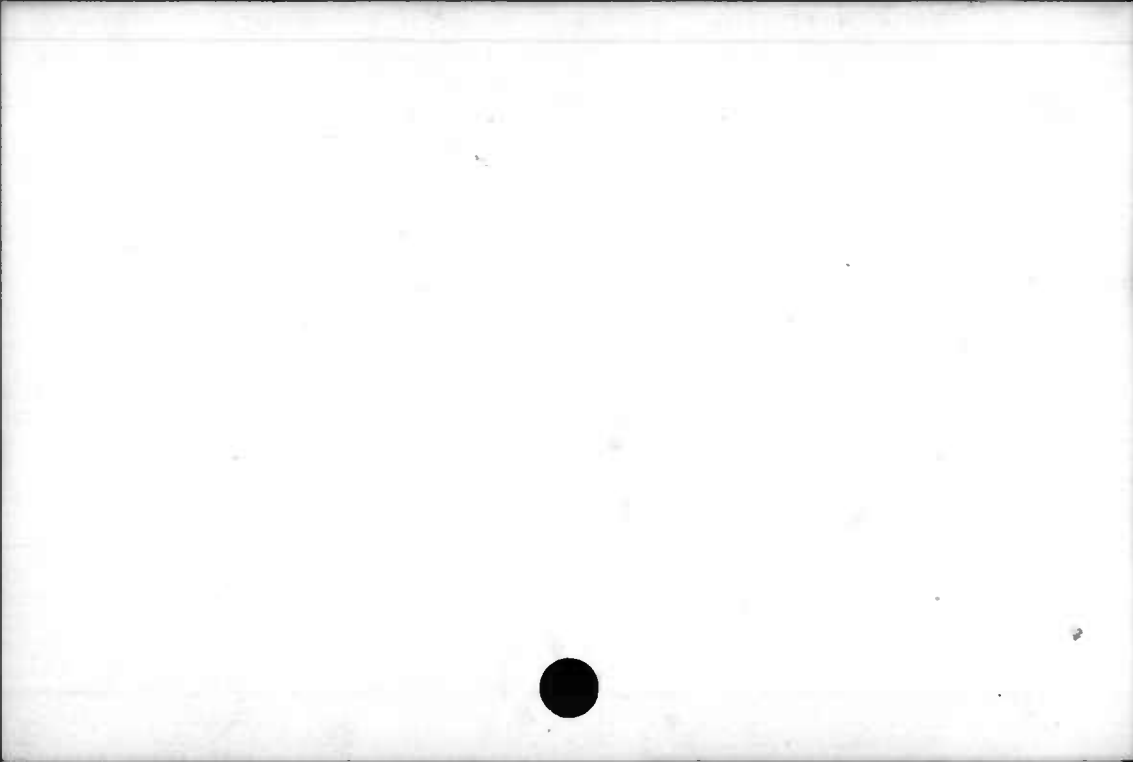
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Centerville		County Queen Anne's		MARYLAND	
Date of death 190	3	Month 3	Day 18	Age 83	Years	Months	Days
Sex	Female		Color or Race	Anglo Saxon		Birth- place	Md.
Married, Single or Widowed	Widow			Occupation Lady			
Name of Wife or Husband R. H. Baynard							
Father's Name Jos. T. Watson					Father's Birthplace Md.		
Mother's Maiden Name Henrietta Smith					Mother's Birthplace Md.		
Name of person giving information Miss Addie Baynard					How related to deceased Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic hepatitis		How long	5 or 6 yrs
Immediate	Uremia 120		How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician W. H. Brown MD	
			Address Centerville Queen Anne's	
Accident or Suicide?		No		



Name
in
Full

Berry H Brown

CERTIFICATE OF DEATH

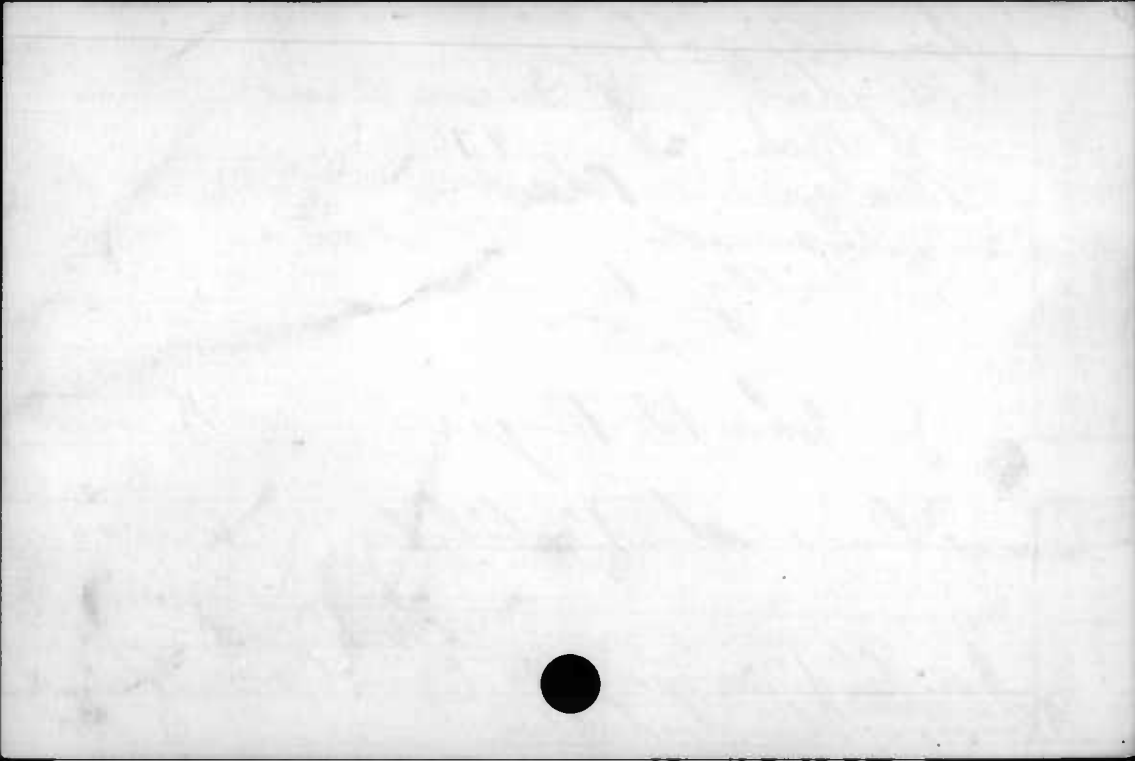
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clewington</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>24</i>	Age <i>51</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Caroline Co, Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Oysterman</i>				
Name of Wife or Husband <i>Lydia Brown</i>					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Jeremiah Brown</i>			How related to deceased <i>Stepson</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption of lungs</i>	How long	<i>2 years</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C W Whaland</i>	
		Address <i>Chestertown Md</i>	
Accident or Suicide? <i>_____</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month}	<i>Mei</i> ^{Day}	<i>24</i> ^{Years}	Age <i>Lea</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Church Hill</i>			
Married, Single or Widowed <i>—</i>	Occupation <i>School Boy</i>				
Name of Wife or Husband					
Father's Name <i>Alvin Byles</i>			Father's Birthplace <i>Queen Anne's</i>		
Mother's Maiden Name <i>Mary Eliza Bondley</i>			Mother's Birthplace <i>Church Hill</i>		
Name of person giving information <i>Choley Byles</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Two weeks</i>
Immediate <i>Peritonitis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. S. Dudley, M.D.</i>
	Address <i>Church Hill</i>
Accident or Suicide?	

Church Hill Cemetery (Cal)

Name
in
Full

Alexandria Byjris

CERTIFICATE OF DEATH

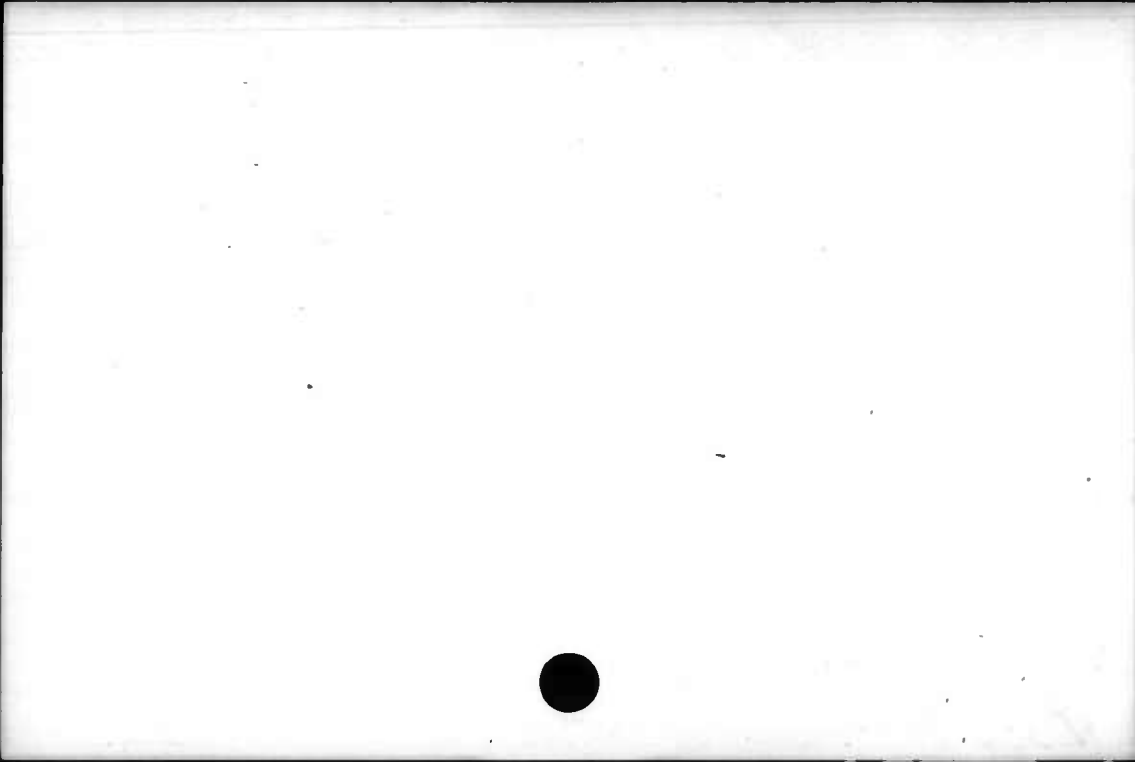
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Haydens</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>23</i>	Age <i>93</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>---</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>none</i>				
Name of Wife or Husband <i>Kitty Brown</i>					
Father's Name <i>---</i>			Father's Birthplace <i>---</i>		
Mother's Maiden Name <i>---</i>			Mother's Birthplace <i>---</i>		
Name of person giving information <i>John H. Byjris</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>3 years</i>
Immediate	<i>154</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>154</i>		Signature of Physician <i>No Dr.</i>	
<i>8 Jos. G. Dawson</i>		Address <i>Centreville Md</i>	
Accident or Suicide? <i>Under doctor</i>			



Name
in
Full

Roland Collier

CERTIFICATE OF DEATH

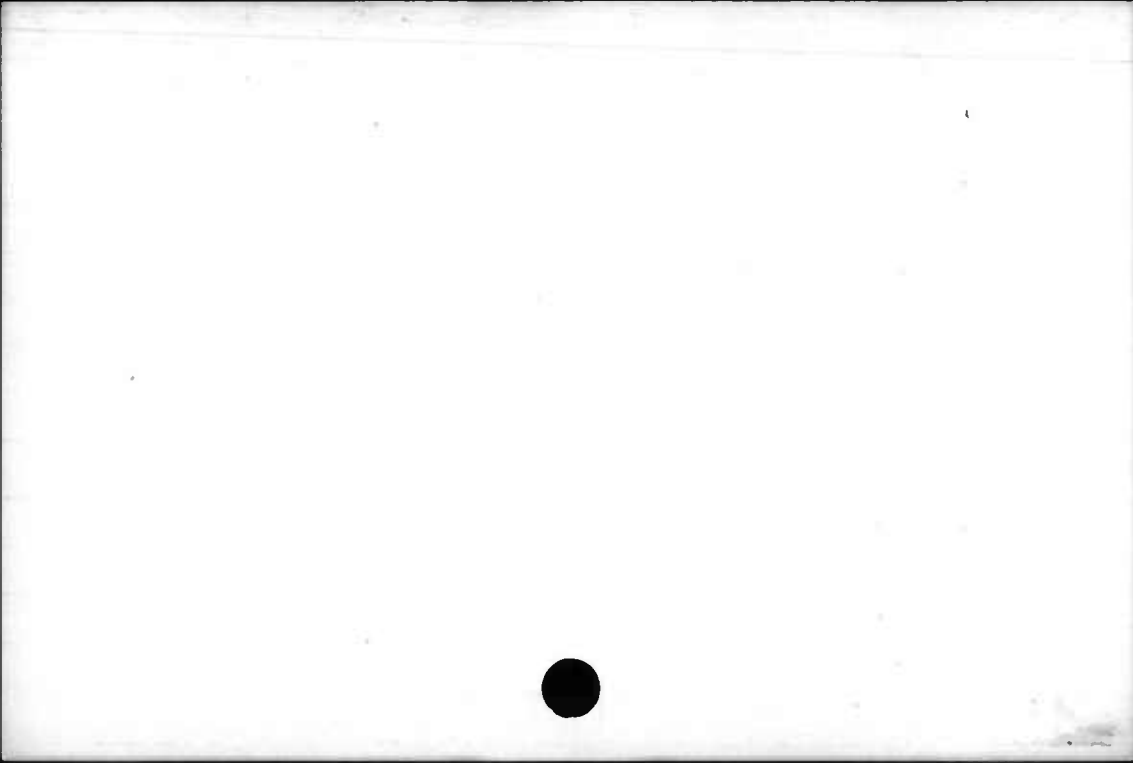
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Alms House</i>		^{County} <i>2. Anne's</i>		MARYLAND	
Date of death 190	Month <i>March</i>	Day <i>16</i>	Years <i>20</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>2. A. Co Ind</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Indicible, none</i>			
Name of Wife or Husband <i>-</i>					
Father's Name <i>Indo Collier</i>			Father's Birthplace <i>2. A. Co</i>		
Mother's Maiden Name <i>don't know</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption (Pulmonary)</i>	How long <i>2 years</i>
Immediate <i>Hemorrhage from lungs</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>J. A. Holton</i>
	Address <i>Centerville Maryland</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Mathias A. Deane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *New Hope* ^{County} *Frederick Anne* **MARYLAND**

Date of death 190 ^{Month} *3* ^{Day} *18* Age ^{Years} *42* ^{Months} *3* ^{Days} *21*

Sex *Male* Color or Race *White* Birth-place *Caroline Co*

Married, Single or Widowed *Married* Occupation *Farmer*

Name of Wife - *Carrie Sparks Deane*

Father's Name *Elegal Deane* Father's Birthplace *Caroline Co*

Mother's Maiden Name *Catherine Taylor* Mother's Birthplace *Caroline Co*

Name of person giving information *Carrie Sparks Deane* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

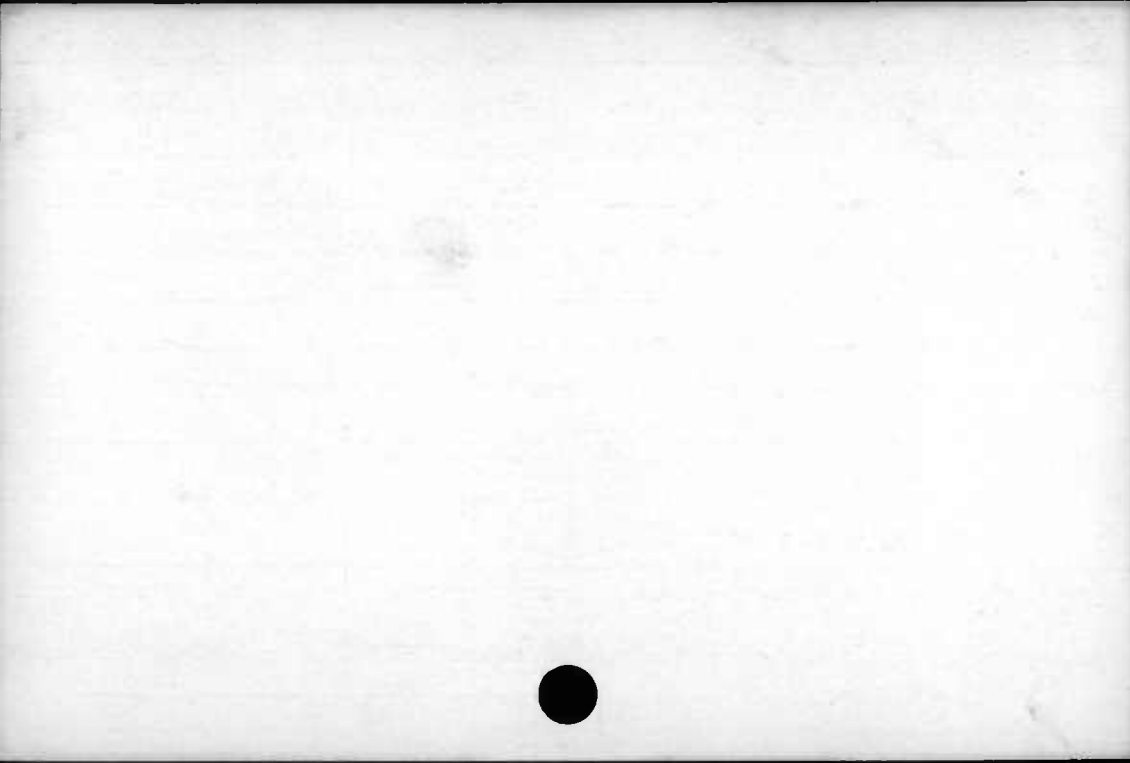
Primary *Myocardial Insufficiency* How long *5 or 6 yrs*

Immediate *Dilated Heart* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. M. McKraw M.D.*

Address *Frederick*

Accident or Suicide? *No*



Name
in
Full

Maria E. Egan

CERTIFICATE OF DEATH

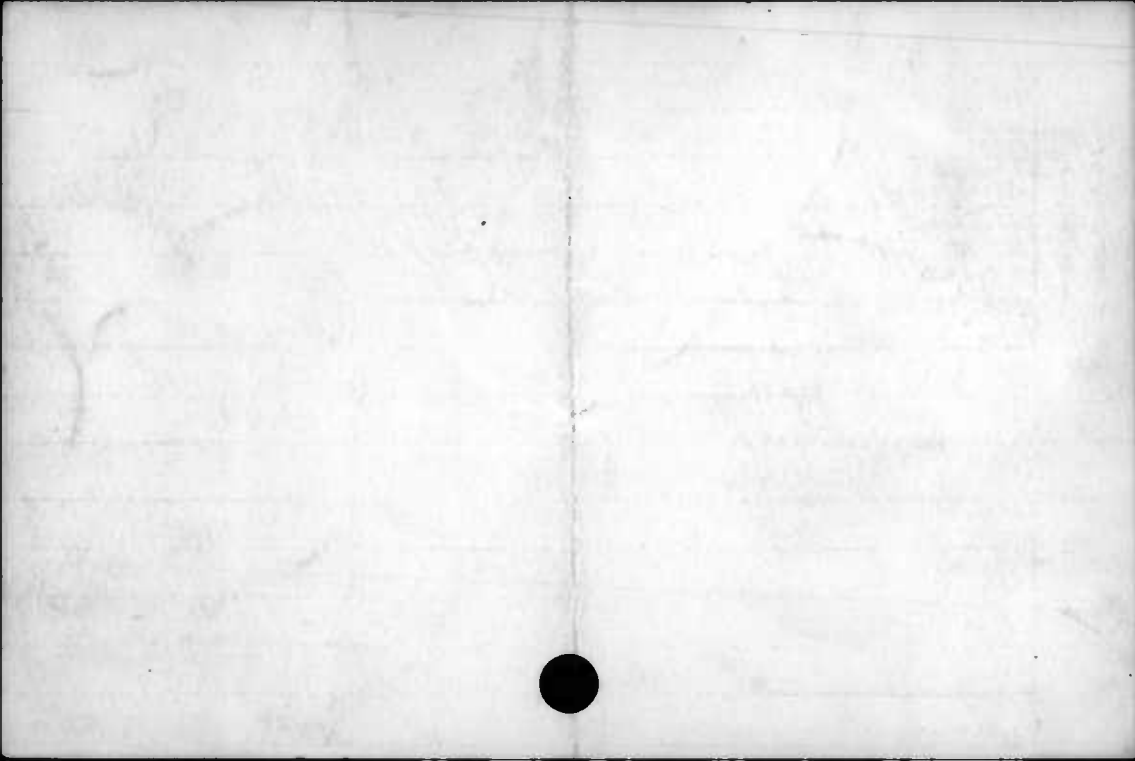
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Winchester</u> ^{Town}		<u>La Gr</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>3</u>	Day <u>28</u>	Age <u>89</u> ^{Years}	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Perry Kent Co</u>		
Married, Single or Widowed <u>Widow</u>		Occupation <u>None</u>			
Name of Wife or Husband					
Father's Name <u>Thos. Hornum</u>			Father's Birthplace <u>Perry Kent Co</u>		
Mother's Maiden Name <u>Belguy. Cunnell</u>			Mother's Birthplace <u>Talbot Co</u>		
Name of person giving information <u>Rev H. Miller</u>			How related to deceased <u>Son in Law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General Debility</u>	How long
Immediate <u>Asphyxiation</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Wm. M. Deall</u>
	Address <u>Ford. Store</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Henrietta Harkless.

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

March 30

Age

26-9-11

Md.

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

one

~~Husband~~
of

Wife

Father's

Mother's

Name

Maiden Name

Daniel Harkless

Edward Johnson

Lottie Brown

Cause of

Primary

Consumption

How long sick

Days

1 yr. husband

Death

Immediate

as above stated

~~Accident, Suicide, Homicide~~

Reported by

Address

G. W. Simmons M.D.

Sudlersville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Cum gratia 2 A. C.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berkeley</i> <small>Town</small>		<i>Lucas Anne</i> <small>County</small>		MARYLAND		
Date of death 190 <i>8</i>	Month <i>7</i>	Day <i>25</i>	Age <i>76</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Englehardt</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>La House</i>				
Name of Wife or Husband <i>Ella Johnson</i>						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information <i>John W. L. Johnson</i>				How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart disease</i>	How long <i>6 mtd</i>
Immediate <i>exhaustion</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i> Jas. E. Sweeney</i>
	Address <i>Templeville Ind.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Died at *Queen Anne* Town *Queen Anne* County *Queen Anne* MARYLAND

Date 1903 *Mar* Month *16* Day *Y. M. D.* *Ind* Native of *Ind* Occupation
 Male White Married ☒ Widower Divorced
 Female Colored Single ☒ Widower Number of children living

Husband of
 Wife

Father's Name *Roy Cump* Mother's Maiden Name *Sarah Barton*

Cause of Death { Primary Immediate *trauma in birth* How long sick *—*
 Accident, Suicide, Homicide

Reported by *W F Miller M.D.*
 Address *Hillboro Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Parke C. Mackubin

CERTIFICATE OF DEATH

Died at Kent Island

Town

Queen Anne

County

MARYLAND

Date

of death 1903

Month

March

Day

20

Age

Years

29

Months

4

Days

9

Sex

male

Color or
Race

white

Birth-
place

Cld

Married, Single
or Widowed

Occupation

Farmer

Name of Wife or
HusbandFather's
Name

James Mackubin

Father's
Birthplace

Annapolis

Mother's
Maiden Name

Gabriella Peter

Mother's
Birthplace

Dist. of Columbia

Name of person giving
information

Thos. W. Carrille

How related
to deceased

none

CAUSES OF DEATH

Primary

Accident

166

How long

Immediate

Shock & Hemorrhage

How long

about 4 hrs.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

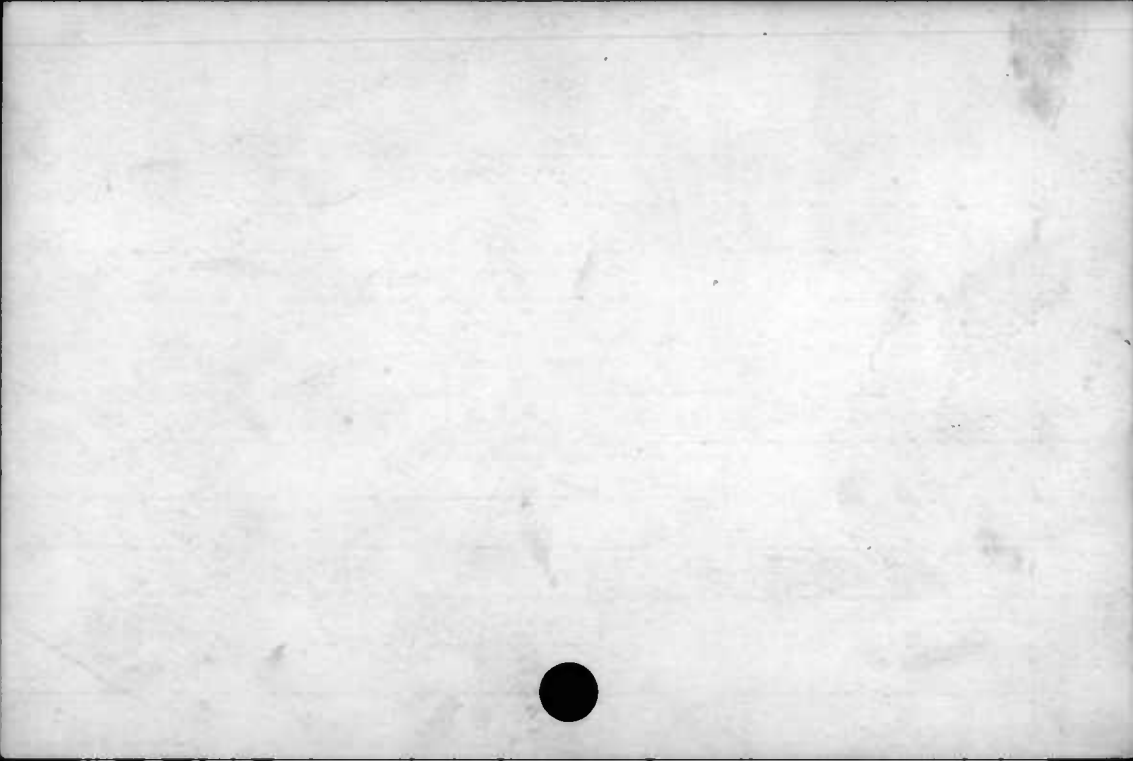
Dr. Kemp J. Snyder

Kent Island

Accident or Suicide?

Maryland

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

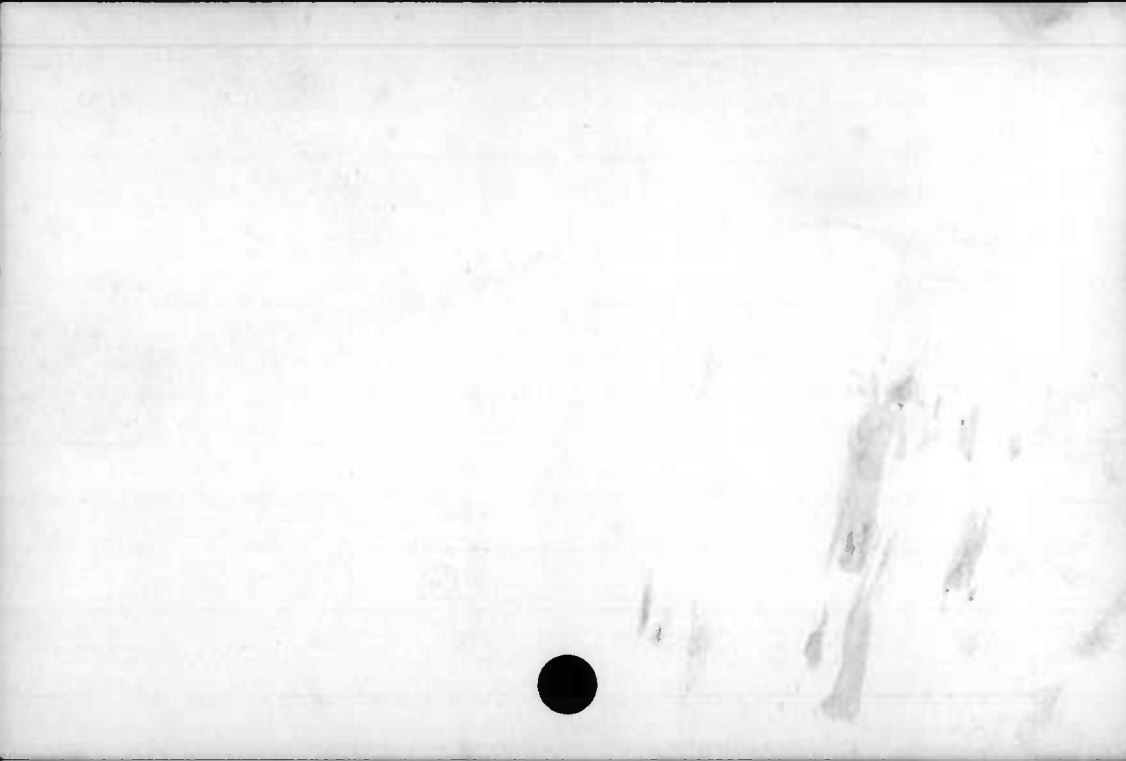


TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full William Henry Manley		CERTIFICATE OF DEATH	
Died at Greenbloom ^{Town}		24 ^{County}	
Date of death 190 3 ^{Month} 26 ^{Day}		Age 69 ^{Years}	
Sex Male		Color or Race White	
Married, Single or Widowed Single		Occupation Oysterman	
Name of Wife or Husband [Redacted]		Birthplace Balt Ma	
Father's Name John Manley		Father's Birthplace Reechee	
Mother's Maiden Name Mary Simpson		Mother's Birthplace 11 4	
Name of person giving information Mr Geo Manley		How related to deceased Brother	
CAUSES OF DEATH			
Primary Apoplexy		How long Two Days	
Immediate Paralysis		How long Two Days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Howard R. Hopkins	
		Address Greenbloom	
Accident or Suicide?		N.D.	



Name
in
Full

Ada Mullikin

CERTIFICATE OF DEATH

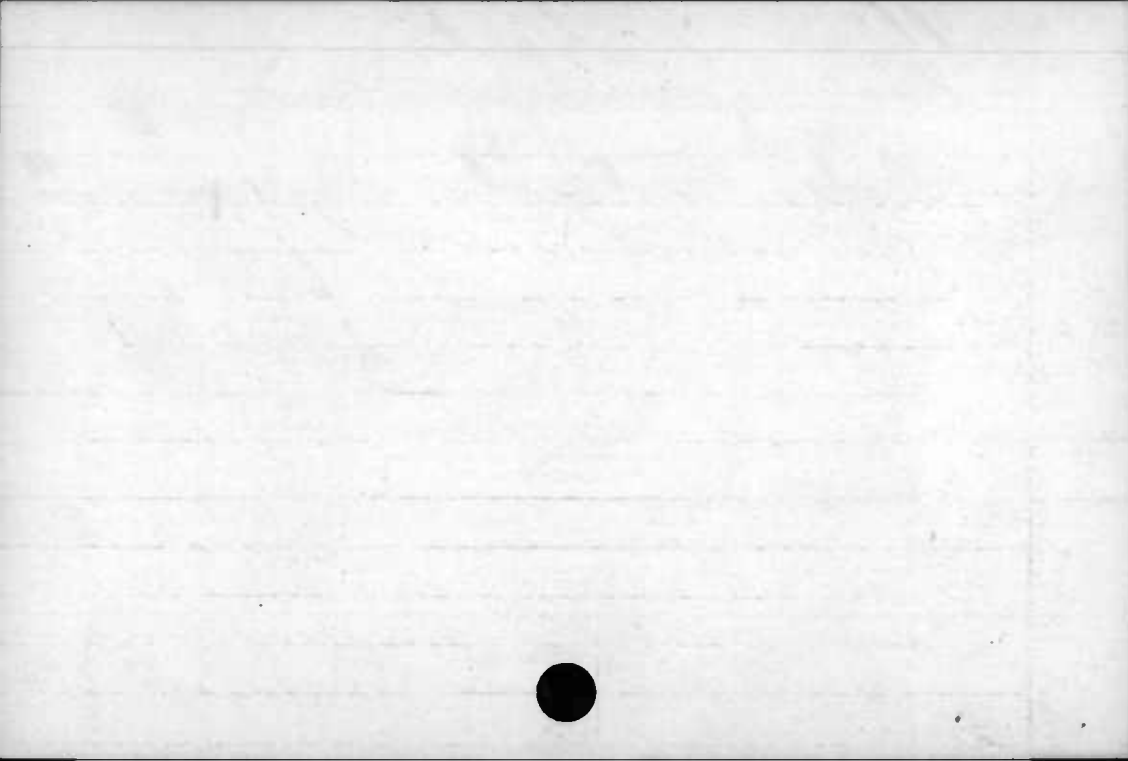
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Centerville</i>			County <i>Queen Anne's</i>			MARYLAND		
Date of death 1903	Month 3	Day 30	Age 15	Years	Months 3	Days 12		
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Queen Anne's Co</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Public School Pupil</i>						
Name of Wife or Husband _____								
Father's Name <i>Thomas M Mullikin</i>				Father's Birthplace <i>Queen Anne's Co</i>				
Mother's Maiden Name <i>Susie H. Smith</i>				Mother's Birthplace <i>Queen Anne's Co</i>				
Name of person giving information <i>Has. M Mullikin</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart trouble</i>	How long <i>4 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. K. K. M. S.</i>
	Address <i>Centerville</i>
Accident or Suicide? <i>No</i>	<i>Queen Anne's Co</i>



Name in Full

Certificate of Death

Mollie E Mulliken

Died at *Queen Anne* Town *Queen Anne* County

MARYLAND

Date 1903 *Mar.* *3* Month *3* Day Y. *45* M. *3* D. *2* Native of *U.S.* Occupation *Housewife*

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *3*

~~Husband~~ of *James Mulliken*
 Wife
 Father's Name *Robert E Wilson* Mother's Maiden Name

Cause of Death { Primary *Consumption* 27 How long sick *3 months*
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *J. H. Muller M.D.*
 Address *Hillshore Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Kent Sparks

(Price (JC)

Born at ^{Town} Bucksville ^{County} Mason Run

MARYLAND

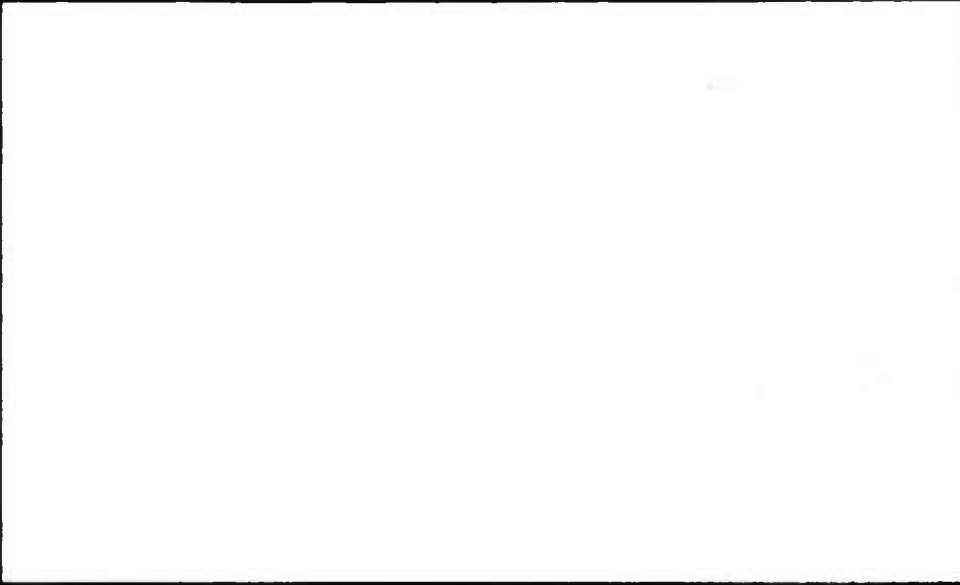
Date 1933 ^{Month} 3 ^{Day} 7 ^{Year} — ^{Hour} — ^{Minute} — ^{Second} —

Father's Name in Full J. M. Price Age 40

Occupation Hardware Merchant ^{Place} Mason Run Co

Mother's Maiden Name Nannie Sparks Age 38

Occupation Housewife ^{Place} Mason Run CoReported by
CERTIFICATE AMENDEDAddress 1m G 486
8-26-75 mmJ. M. Price
Bucksville
Mason Run Co



Name
in
Full

William Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Cambridge, ^{County} Queen Anne

MARYLAND

Date of death 1903 ^{Month} Mch ^{Day} 12 ^{Age} 67 ^{Years} ^{Months} ^{Days}Sex Male ^{Color or Race} Black ^{Birth-place} Queen Anne CoMarried, Single or Widowed Widower ^{Occupation} Farm Hand

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Charles Roberts

How related to deceased

Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralyzed

How long

3 weeks

Immediate

66

How long

"

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

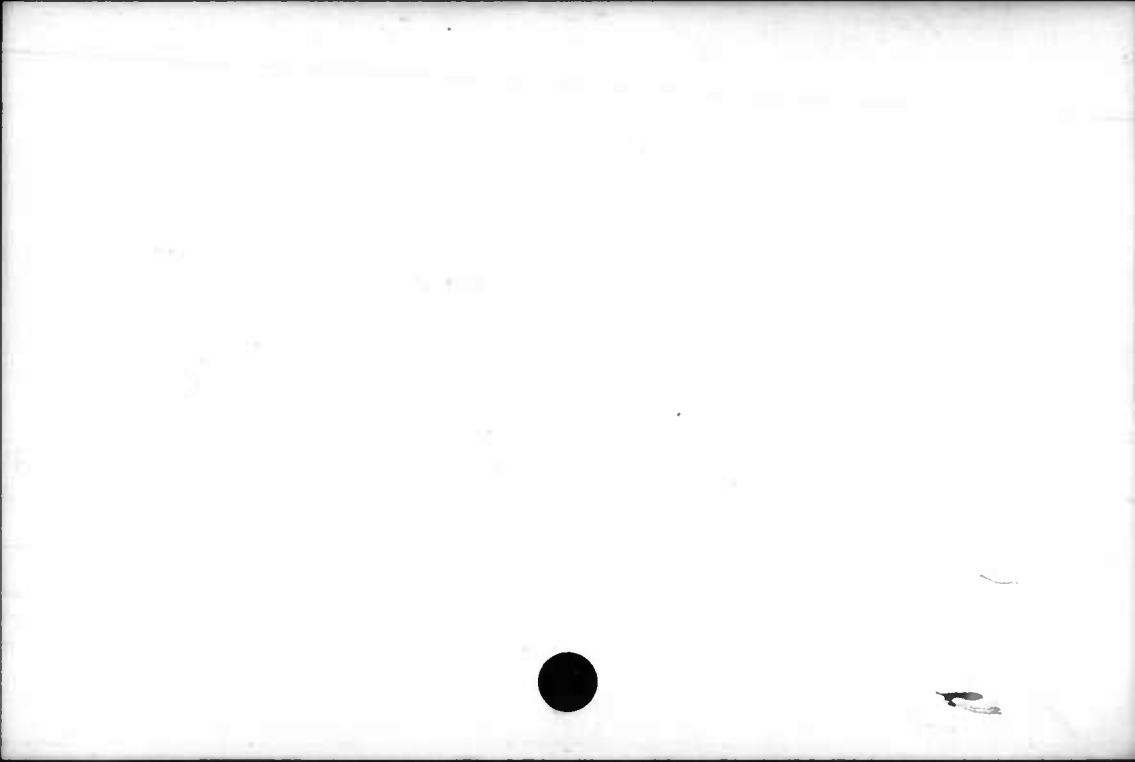
None

Address

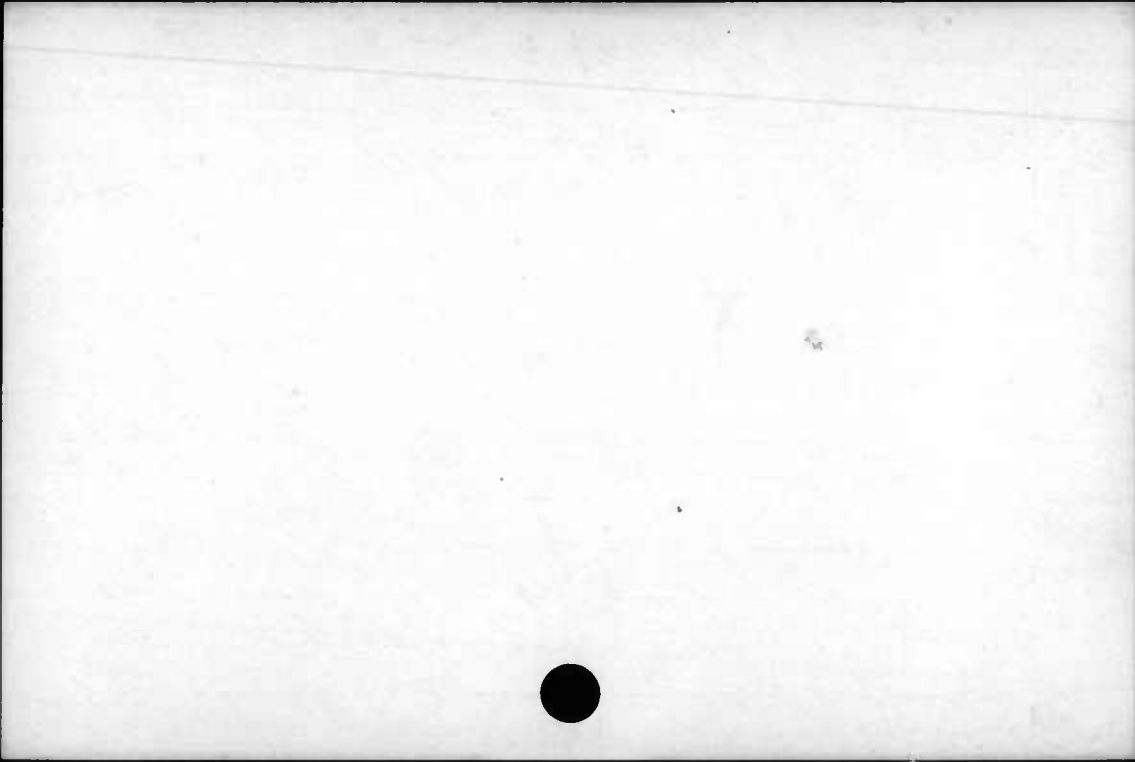
Jos. G. S. Brown

Centreville Md

Accident or Suicide?



Name in Full		Hester Ruffian				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Kent Island Green		County		MARYLAND
	Date of death 1903	3rd	Month	3rd	Day	Age About 50	Months
	Sex	Female		Color or Race	Colored		Birth-place
	Married, Single or Widowed		Widowed		Occupation		
	Name of Wife or Husbnd		Archer Ruffian				
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
	Name of person giving information		George Davis		How related to deceased		
							Grandson
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia			How long	
	Immediate		Neglect			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
	Accident or Suicide?						



Name
in
Full

Lillie Lewis Ryland.

CERTIFICATE OF DEATH

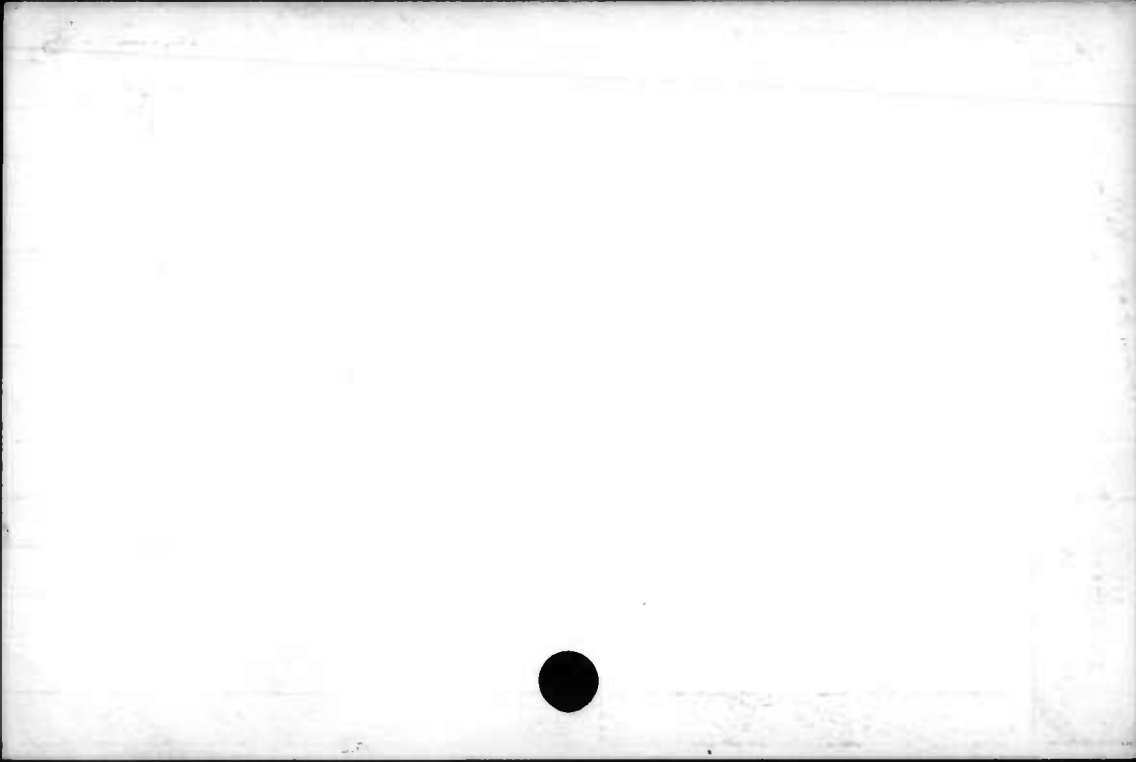
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crumpton		County Queen Anne		MARYLAND	
Date of death 1903	Month March	Day 1	Age 36	Years	Months 3	Days 28	
Sex Woman	Color or Race white		Birth- place Crumpton.				
Married, Single or Widowed Married		Occupation					
Name of Wife or Husband J. Stoddall Ryland.							
Father's Name William L. Godwin		Father's Birthplace Kent Island.					
Mother's Maiden Name Sarah C. Orem		Mother's Birthplace Preston, Ind.					
Name of person giving In formation Lussie Godwin Bosow		How related to deceased Sister.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	2 days
Immediate	Diphtheria	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. G. Wallis	
		Address Crumpton	
Accident or Suicide?		Ind.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Church Hill</i>		Town <i>Queen Anne's</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>16</i>	Age <i>71</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>near Church Hill</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Harmer</i>					
Name of Wife or Husband <i>John L. Spry</i>							
Father's Name <i>George Spry</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Sanford E. Spry</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>about an hour</i>
Immediate <i>Heart failure</i>	How long " "
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. B. Dudley</i>
<i>They are</i>	Address <i>Church Hill</i>
Accident or Suicide?	<i>Queen Anne's Co. Md</i>



Name
in
Full

James Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Star</u> Town		<u>Queen Anne's</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>March</u>	Day <u>7</u>	Age <u> </u> Years	Months <u>2</u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Star</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Raymond Thomas</u>			Father's Birthplace <u>Star, Md</u>		
Mother's Maiden Name <u>Rebecca Jacobs</u>			Mother's Birthplace <u>Hillboughly</u>		
Name of person giving information <u>Dallie Jacobs</u>			How related to deceased <u>Grand brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Copaland Bronchitis</u> <u>qv</u>	How long	<u>one day</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Walter H. Feunby</u>	
		Address <u>Ruthsburg</u> <u>Md</u>	
Accident or Suicide?			



Name
in
Full

Unnamed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Lempshire</i>		Town <i>Lempshire</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death 190	3	Month	3	Day	16	Years	—
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Lempshire</i>
Married, Single or Widowed				Occupation			
<i>single</i>				—			
Name of Wife or Husband							
—							
Father's Name				Father's Birthplace			
<i>Walter Walls</i>				<i>Lempshire</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Emma Murchant</i>				<i>Lempshire</i>			
Name of person giving information				How related to deceased			
<i>Walter Walls</i>				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malformation 150.</i>	How long	—
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Jos. E. Gully</i>
		Address	<i>Lempshire Ind.</i>
Accident or Suicide?			



Name
in
Full

Wm. A. Walls

CERTIFICATE OF DEATH

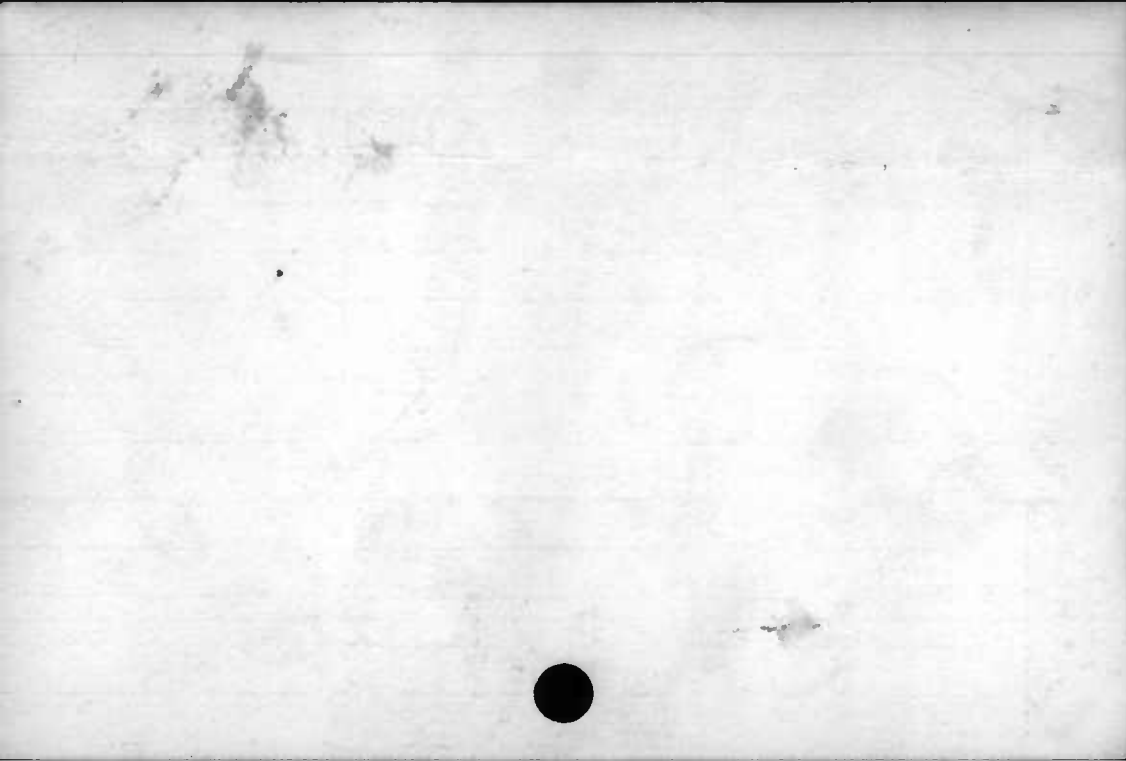
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ongleside</i>		County <i>L. A.</i>		MARYLAND	
Date of death 190		3	Month 3	Day 16	Age 69	Years	Months Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Id</i>			
Married, single or widowed				Occupation <i>Labour</i>			
Name of Wife or Husband <i>Rebecca J. Walls</i>							
Father's Name <i>John W. Walls</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>John A. Walls</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>93</i>	<i>11 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Carl Brigham</i>	
		Address <i>Ongleside Id</i>	
Accident or Suicide?			



Name
in
Full

Elizabeth Weston

CERTIFICATE OF DEATH

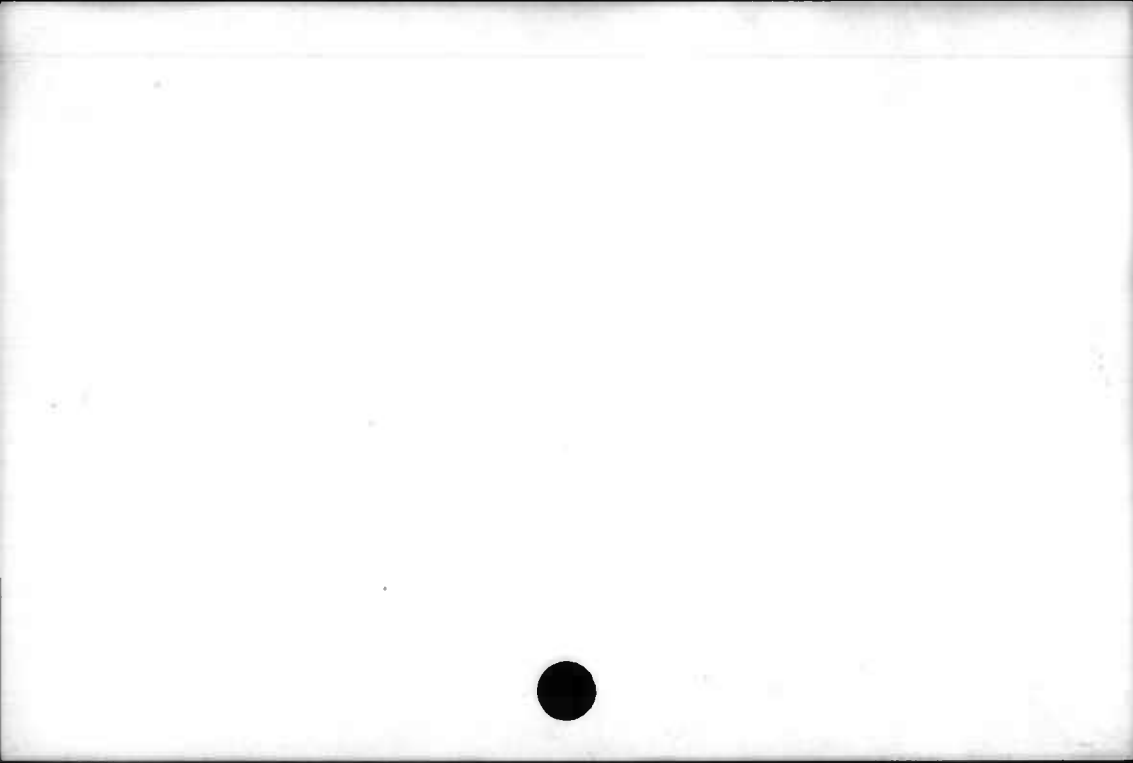
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Stevensville		^{County} Queen Anne's		MARYLAND	
Date of death 1903	^{Month} Mar	^{Day} 1st	Age Years	57	^{Months} 6 ^{Days}
Sex	Female	Color or Race	Caucasian	Birth- place	Kent Island
Married, Single or Widowed	Married		Occupation House-wife		
Name of Wife or Husband James A. Weston					
Father's Name Charles Grimes				Father's Birthplace Kent Island	
Mother's Maiden Name Mary Baxter				Mother's Birthplace " "	
Name of person giving information Sam'l Bullew				How related to deceased None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Phthisis	How long	1 year
Immediate	Acute Indigestion	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. Kemp	
Address		Kent Island Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

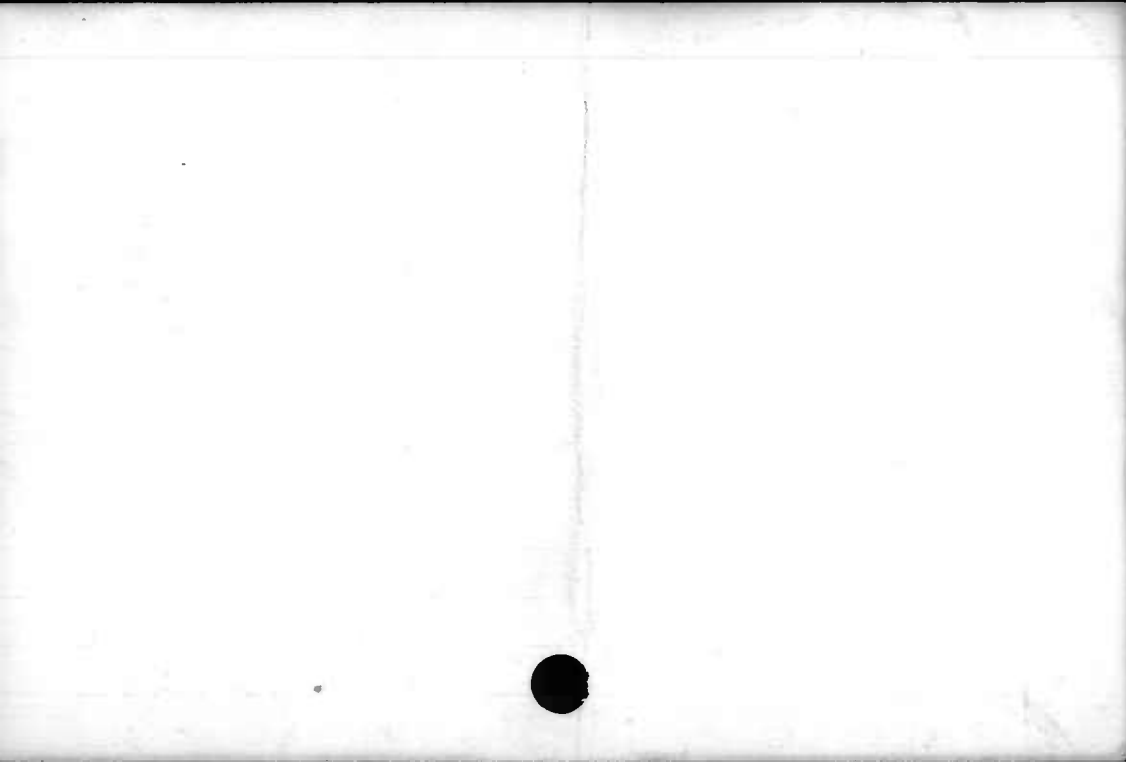
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stevensville</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>Sunday</i>	Age <i>48</i>	Months <i>11</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Kent Island Md</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Walter K White</i>			Father's Birthplace <i>Kent Island Md</i>		
Mother's Maiden Name <i>Mary E. Casckovon</i>			Mother's Birthplace <i>Kent Island Md</i>		
Name of person giving information <i>Sallie E. Skinner</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Exhaustion</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Kemp Snyder</i>
	Address <i>Kent Island Md</i>
Accident or Suicide?	



Name
in
Full

Alex Wilkins

CERTIFICATE OF DEATH

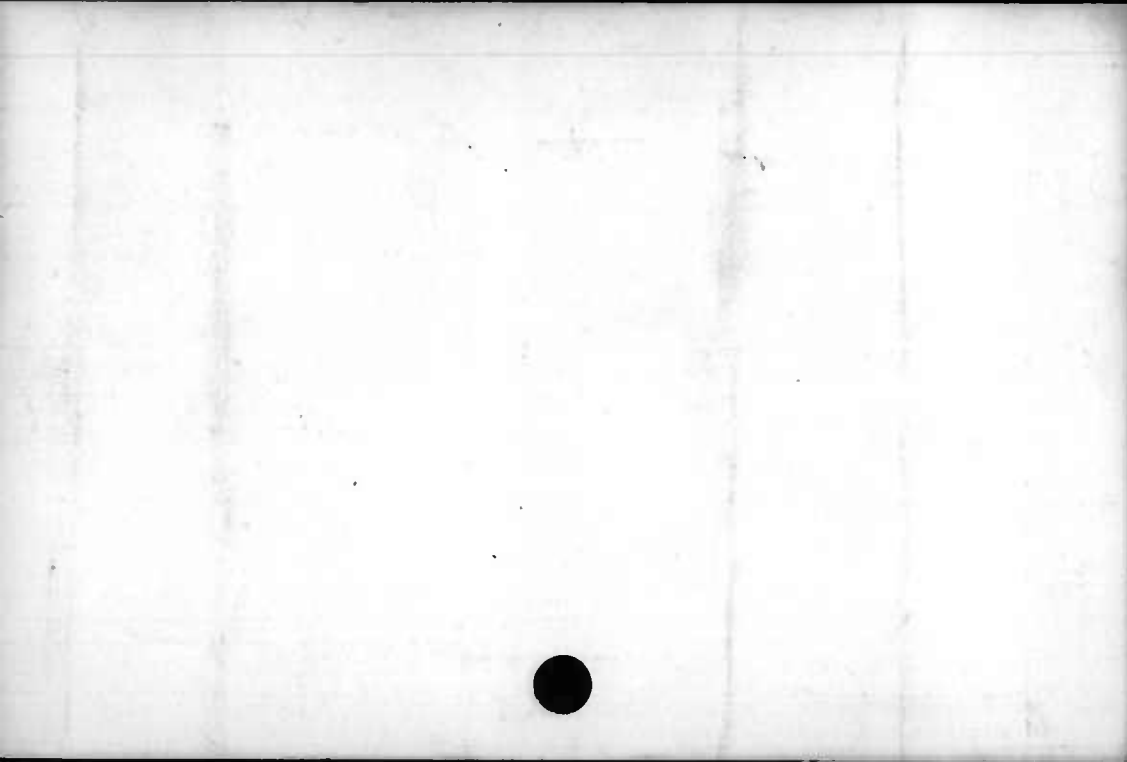
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town near Sweeney		County 2 also		MARYLAND	
Date of death 1903	Month 3	Day 17	Age 24	Years	Months	Days	
Sex male	Color or Race Black		Birth- place Wichita				
Married, Single or Widowed	Married		Occupation		Farm Hand		
Name of Wife or Husband		Sallie Hard					
Father's Name		Same Wilkins				Father's Birthplace	
Mother's Maiden Name		Sallie Singer				Mother's Birthplace	
Name of person giving Information		Same Wilkins				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	Two years
Immediate	Senile Apoplexy	How long	Several Days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Howard B. Hopkins,	
Address		Sweeney, Md.	
Accident or Suicide?			



Name
in
Full

Christina Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Church Hill		Tulsa County		MARYLAND	
Date	3	Month	May	Age	9	Months	9
of death 1903							
Sex	Male		Color or Race	Colored		Birth-place	Church Hill
Married, Single or Widowed				Occupation			
				Infant			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Chas Wilson				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Lizzie Walls				Tulsa County			
Name of person giving information				How related to deceased			
Lizzie Walls				Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary Bronchitis	How long	3 weeks
Immediate	Asphyxia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. S. Dudley	
		Address	
		Church Hill	
Accident or Suicide?			

Church Jones ^{Calder} County